Name of Participant:_____ Age:_____

SWSRA Sensory Room Participant Information

1. **What is the primary objective of your child's visit to the sensory room?**
   ☐ Focus ☐ Exploration ☐ Relaxation ☐ Regulation of Mood
   ☐ Sensory Engagement (if checked please elaborate on which senses):

   _____

   _____

   _____

2. **How does your child communicate?**
   ☐ Verbally ☐ Non-Verbal ☐ Sign Language ☐ Communication Device
   ☐ Combination (please explain):

   _____

   _____

3. **What type of sensory activities would your child *benefit* from the most?**
   ☐ Sound ☐ Touch ☐ Sight ☐ Smell ☐ Movement
   ☐ Other:

   _____

   _____

4. **Is your child *hypersensitive* to any of the following things (is there anything we should be aware of that your child does *NOT* enjoy)?**
   ☐ Sound ☐ Touch ☐ Sight ☐ Smell ☐ Movement
   ☐ Other:

   _____

   _____

5. **Does your child have seizures or has your child ever had a seizure?**
   ☐ Yes ☐ No

6. **Is there anything else that the Sensory Depot staff should be aware of:**

   _____

   _____

   _____

   _____

swsra